



DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention TOUGHER, SOFTER NONWOVEN SHEET PRODUCT

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. 10,080,800, filed on FEBRUARY 22, 2002,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: DIDIER DECKER

Signature: 

Citizen of: FRANCE

Inventor two: JOSEPH R. GUCKERT

Signature: 

Citizen of: UNITED STATES

Inventor three: BRIAN P. LITTLE

Signature: 

Citizen of: UNITED STATES

Inventor four: ROBERT ANTHONY MARIN

Signature: 

Citizen of: UNITED STATES

☒ Additional inventors are being named on 1 additional form(s) attached hereto.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LARRY R.		MARSHALL	
Inventor's Signature <i>Larry R. Marshall</i>		Date 5/14/02	
Residence: City	CHESTERFIELD	State	VA
Country	USA	Citizenship	UNITED STATES
Mailing Address 11318 LAUREL COVE LANE			
Mailing Address			
City	CHESTERFIELD	State	VA
ZIP	23838	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
SUBHRA K.		NATH	
Inventor's Signature <i>Subhra K. Nath</i>		Date 5/14/02	
Residence: City	MIDLOTHIAN	State	VA
Country	USA	Citizenship	UNITED STATES
Mailing Address 14406 WOODS WALK LANE			
Mailing Address			
City	MIDLOTHIAN	State	VA
ZIP	23112	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
NICO		SCHMIT	
Inventor's Signature <i>Nico Schmit</i>		Date 05/04/02	
Residence: City	GREVENMACHER	State	
Country	LUXEMBOURG	Citizenship	LUXEMBOURG
Mailing Address 38, RUE DES CAVES			
Mailing Address			
City	GREVENMACHER	State	
ZIP	L-6718	Country	LUXEMBOURG

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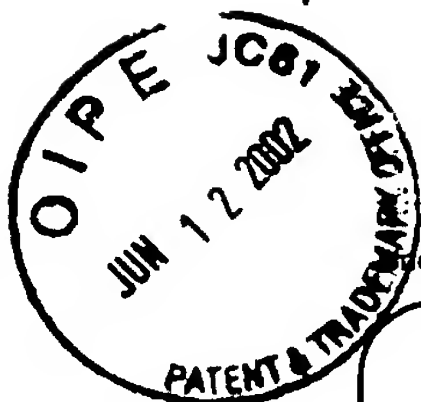
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CHARLES STEPHEN		SCHWARTZ	
Inventor's Signature <i>Faye N. Schwartz, Administrator for 2</i> <i>Charles Stephen Schwartz</i>		Date <i>May 30, 2002</i>	
Residence: City RICHMOND	State VA	Country USA	Citizenship UNITED STATES
Mailing Address APARTMENT A, 7401 NEWBYS CROSSING DRIVE			
Mailing Address			
City RICHMOND	State VA	ZIP 23235	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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PTO/SB/81 (02-01)

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First Named Inventor	DIDIER DECKER ET AL.
Title	TOUGHER, SOFTER NONWOVEN SHEET PRODUCT
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	TK3720USNA

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name DIDIER DECKER

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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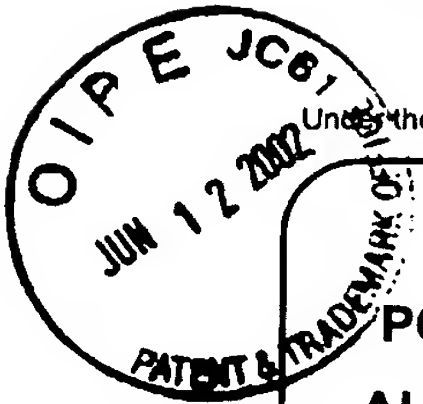
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Name	JOSEPH R. GUCKERT
Signature	<i>Joseph R. Guckert</i>
Date	5/15/02

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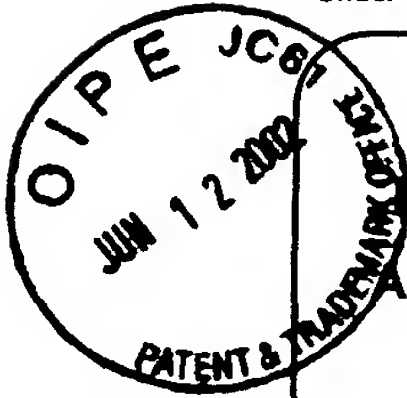
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Name BRIAN P. LITTLE

Signature

Date

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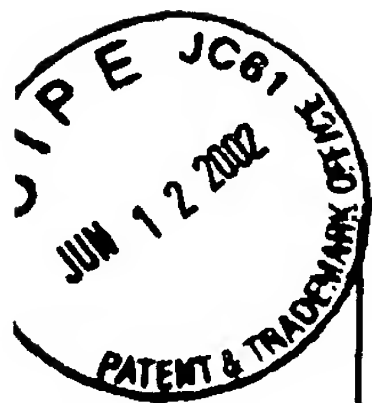
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Name	ROBERT ANTHONY MARIN
Signature	<i>Robert Anthony Marin</i>
Date	5/14/02

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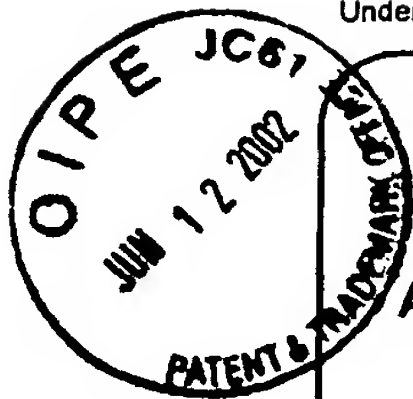
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SIGNATURE of Applicant or Assignee of Record

Name	LARRY R. MARSHALL
Signature	<i>Larry R. Marshall</i>
Date	5/14/02

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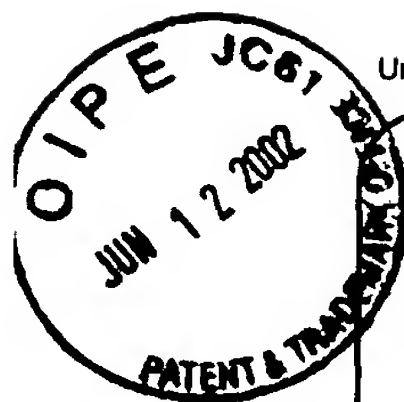
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SIGNATURE of Applicant or Assignee of Record

Name SUBHRA K. NATH

Signature *Subhra K. Nath*

Date 5/14/02

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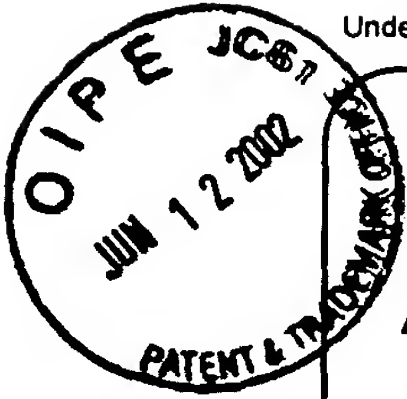
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SIGNATURE of Applicant or Assignee of Record

Name	NICO SCHMIT
Signature	
Date	05 April 2002

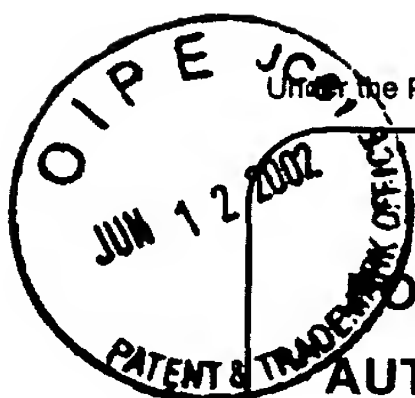
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SIGNATURE of Applicant or Assignee of Record

Name	CHARLES STEPHEN SCHWARTZ
Signature	<i>Charles A. Schwartz, Administrator for Charles Stephen Schwartz</i>
Date	<i>May 30, 2002</i>

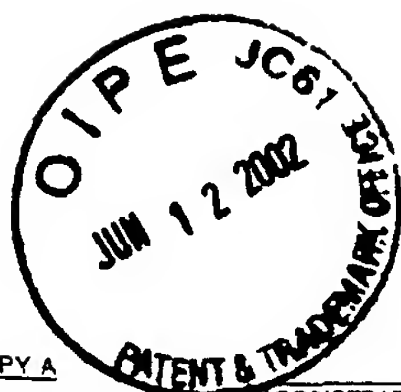
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AREA NUMBER

CERTIFICATE
NUMBER

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NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Charles Stephen Schwartz						2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) May 6, 2002		4. AGE 56 years		IF UNDER 1 YEAR months days		IF UNDER 1 DAY hours minutes	
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Chippenham Medical Center						8. COUNTY OF DEATH (if independent city, leave blank) Chesterfield	
	9. CITY OR TOWN OF DEATH Richmond						10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 7101 Jahnke Road	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia						12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Chesterfield	
	13. CITY OR TOWN OF RESIDENCE Richmond						14. STREET ADDRESS OR RT. NO. OF RESIDENCE 7401 A Newbys Crossing Drive	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Charles J. Schwartz Jr.						16. MAIDEN NAME OF DECEDENT'S MOTHER Twilla Smith	
	17. RACE OF DECEDENT White		18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)		20. CITIZEN OF WHAT COUNTRY USA	
	21. BIRTHPLACE (state or country) Virginia		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>		23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Faye Schwartz		24. SOCIAL SECURITY NUMBER 223-68-1012	
	25. USUAL OR LAST OCCUPATION Tech. Assistant		26. KIND OF BUSINESS OR INDUSTRY DuPont		27. INFORMANT - OR SOURCE OF INFORMATION Wife			
CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Acute MI						INTERVAL BETWEEN ONSET AND DEATH	
	28a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input type="checkbox"/> no							
MEDICAL CERTIFICATION	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>						28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	
	28d. TIME OF INJURY (mo.) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		28e. INJURY OCCURRED white <input type="checkbox"/> not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		28f. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		28g. (city or town) (county) (state)	
FUNERAL DIRECTOR	29. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/> 30. PLACE OF BURIAL, REMOVAL, ETC. Dale Memorial Park						31. (Signature of funeral director or person legally filing this certificate) Joseph W. Bliley Co.	
	32. (Signature of registrar) Moore						DATE RECORD FILED: 5-10-02	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE RICHMOND CITY DEPARTMENT OF HEALTH, RICHMOND, VIRGINIA.

DATE ISSUED **MAY 10 2002**
(SEAL)

Moore
REGISTRAR OR DEPUTY

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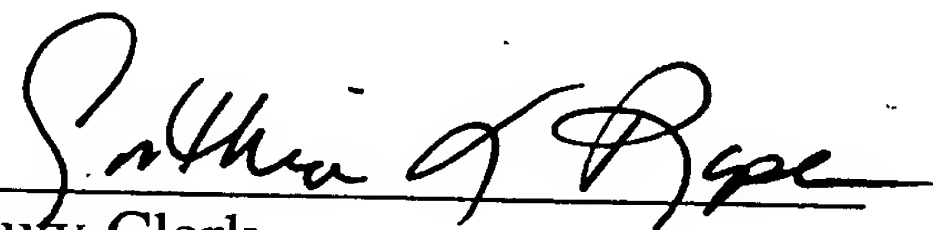
CLERK'S OFFICE
OF THE
Circuit Court of Chesterfield County, Virginia

This is to certify that on May 17, 2002, **Faye N. Schwartz** qualified before the Clerk of the Circuit Court of Chesterfield County as **Administratrix** of the estate of Charles Stephen Schwartz, **DECEASED**, and gave bond as such in the amount of **\$24,000.00** and that her powers as such are in full force and effect.

Given under my hand and seal this day, May 17, 2002.

JUDY L. WORTHINGTON, Clerk

By:


Deputy Clerk

File #02 - 350

clr